

PVHS ASB REQUISITION

**** Requisitions are due Mondays by 3:00 pm, PO's delivered Thursdays by 3:00 pm ****

DATE: _____ SUBMITTED BY: _____

ASB CLUB ACCT NAME: _____

EVENT NAME (IF APPLICABLE)

DATE OF EVENT:

ASB COMPTROLLER ONLY:

DEL'D TO ADVISOR:

ACCT #

PO#

VENDOR: _____ TELEPHONE: _____

FAX: _____

ADDRESS: _____

_____ FAX PO?

YES NO

QTY	DESCRIBE ITEMS TO PURCHASE OR EVENT	CATALOG #	UNIT COST	EXT'D COST

**** Please note: you can place your order after you receive the approved PO**

<p>NOTES:</p> 	<p>SUBTOTAL:</p> <p>EST'D TAX:</p> <p>EST'D SHIPPING:</p> <p>EST'D TOTAL:</p> <p style="font-size: small; background-color: yellow;">* INVOICE CANNOT EXCEED 10% OF EST'D TOTAL</p>
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<p>REQUIRED APPROVAL SIGNATURES:</p> <p>STUDENT CLUB REP: _____</p> <p>CLUB ADVISOR: _____</p> <p>ASB TREASURER: _____</p> <p>ADMINISTRATOR: _____</p> <p>ASB COMPTROLLER: _____</p>	<p>ASB OFFICER'S COUNCIL:</p> <p>APPROVED: <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>DENIED: <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>DATE OF MINUTES: _____</p> <p>ASB SECRETARY: _____</p>
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